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7590 01/09/2006

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Della Revecho	(Depositor's name)
<i>Della Revecho</i>	
(Signature)	
6 April 2006	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/490,622	01/24/2000	Stuart Edwards	=STGA0010=	7398

TITLE OF INVENTION: SHRINKAGE OF DILATATIONS IN THE BODY

NOVA0010

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700-	04/10/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS	\$ 730.00		
MCCORKLE, MELISSA A	3763	604-021000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). 2. For printing on the patent front page, list

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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1 Michael A. Glenn

2 Glenn Patent Group

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Stuart D. Edwards

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Portola Valley, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1445 (enclose an extra copy of this form).

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Authorized Signature Michael A. Glenn

Date 6 April 2006

Typed or printed name Michael A. Glenn

Registration No. 30,176

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